



To: Interim Committee on Home-Based Child Care

From: AFSCME Iowa Council 61, Child Care Providers Together

Date: November 13, 2007

Subject: Follow-Up to Requests by the Interim Committee

In response to requests by members of the Committee at its October 10<sup>th</sup> meeting, child care providers within our organization have prepared (2) attached documents:

- A review of the current DHS spot-check form;
- A table listing inspections and observations currently conducted with many of Iowa's registered home-based child care providers.

Thank you for your serious and thoughtful consideration of Iowa's family child care system, and for scheduling time during the evening to hear from providers and parents who are impacted by this system.

As we stated in our panel on October 10<sup>th</sup>, our organization sincerely believes that there is an incredible opportunity to build a more stable, high-quality child care system in our state, if we take serious steps in the following areas:

- Require more providers to register;
- Create access to health insurance for registered child care providers;
- Improve rates and administration of the Child Care Assistance program - current rates are based on the 2004 market survey;
- Focus funding on meaningful quality programs, with provider involvement, including access to more advanced training opportunities.

I want to thank you for your hard work and dedication to Iowa's working families. If you have any questions, please feel free to contact me.

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Type of Inspection / Observation	Providers Subject to Inspection	Focus of Visit	Frequency of Visits	Announced vs Unannounced	Regularly Shares Information With DHS?
<b>DHS Spot Check (State)</b>	All registered family child care providers are subject to possible spot check	Compliance with DHS guidelines for reg providers	Random, or following complaint	Unannounced	*follow-up after complaint counts as spot check
<b>CACFP Inspection (Federal)</b>	2,464 registered providers voluntarily participate in CACFP <b>(required for participation in ChildNet, QRS, CDA, etc)</b>	Nutrition, Sanitation, Education - must observe one meal	Three-four times per year, depends on region	Unannounced (some regions do 2 announced and 2 unannounced)	Report to DHS if blatant and habitual violations are observed.
<b>ChildNet Certification (State)</b>	Providers who voluntarily participate in ChildNet certification <b>(required to achieve Level 2 or more on QRS)</b>	Compliance with DHS, plus additional quality standards	Every two years to maintain certification	Announced	Varies, based on CCRR Region. Some regularly share info with local DHS, some only if blatant and habitual violations
<b>Child Dvpmt Associates Degree</b>	CDA is voluntary for providers <b>(encouraged as part of QRS)</b>	Advanced national standard fro	One – as part of process for earning CDA	Announced, once degree achieved no follow-up	Report to DHS if blatant and habitual violations are observed.
<b>FDCRS (Environmental Rating Scale)</b>	Participation is voluntary <b>(encouraged as part of QRS)</b>	Advanced national standard for children's learning environment	In initial application for rating, or application to improve score	Announced	n/a
<b>Quality Rating System</b>	<b>Providers who voluntarily participate in QRS</b>	Home Consultant Visit, Nurse Consultant Visit	Every two years	Announced	Unclear – some violations reported to DHS
<b>NAFCC Accreditation</b>	Participation is voluntary <b>(encouraged as part of QRS)</b>	Highest national standard for family child care	Only in initial application for accreditation.	Announced	n/a
<b>Various Empowerment and Community Initiatives</b>	Varies based on wide variety of local programs	Varies	Varies	Varies	Varies

Department of Human Services

CHECKLIST FOR CHILD DEVELOPMENT HOME REGISTRATION

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of initial registration \_\_\_\_\_ Date of registration at current category \_\_\_\_\_

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code, Chapter 110 that must be met by a registered child development home. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many 'items' were missing (such as children's files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter NA for 'not applicable' in the "yes" box.

SECTION 1.

YES	NO	REF.#	RULE	COMMENT
			FOR ALL CATEGORIES, A PROVIDER'S OWN INFANTS AND PRESCHOOLERS ARE COUNTED. A PROVIDER'S OWN SCHOOL-AGE CHILDREN ARE NOT COUNTED. RELATIVE'S CHILDREN ARE COUNTED, REGARDLESS OF AGE.	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.4	No more children are in care than the rules for the specific category will allow.	
		110.5(1)	Conditions in the home are safe, sanitary, and free of hazards.	
		a	Has a non-pay working telephone. A cell phone cannot be the primary phone.	
			Numbers for police, fire, ambulance, poison information posted by phone.	
			Numbers for each child's parent, physician, and a responsible person are accessible by the phone.	
		b	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		c	First-aid supplies are available, both in the home and in any vehicle used to transport children in care.	Need more specifics about minimum requirements for what needs to be included in kit

		d	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by doctor's or pharmacist's direction.	
			All medicines are in original containers.	
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
		e	All accessible electrical outlets are safely capped.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		f	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.	
		g	Safety barriers are at stairways and doors as needed.	"as needed" is too broad
		h	A safe outdoor play area is maintained in good condition.	
			Is fenced off when located on a busy thoroughfare or near a hazard.	It is unclear to many providers when fence is needed. "Litter, rubbish" – includes natural objects like sticks?
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		i	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		j	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans include a diagram and an outside meeting place in case of fire, and a safe place indoors in case of tornado.	
		k	Fire and tornado drills are practiced monthly and documentation kept.	
		l	A safety barrier surrounds any heating stove or heating element.	

		m	1. Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.	
		n	2. Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommendations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		o	Smoking and the use of tobacco products is prohibited in areas used by children in the home, in the outdoor play area, and in any vehicle used to transport children. This prohibition applies only to the homes' hour's of operation.	
		p	Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.	
		q	Providers inform parents of the presence of any pet in the child development home.	FYI – in other states, animal regulations are more stringent, such as “caregivers must be physically present when children are interacting with animals” or “potentially aggressive animals must not be in the same physical space as the children”
			All dogs and cats have annual examinations and records of the exams are on file.	
			Pet birds are purchased from an approved dealer. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
		r	In-ground and above-ground pools are either enclosed with a fence that is at least four feet high, or covered by a cover that meets ASTM standards whenever it is not in use.	

		s	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and directly supervises the children during swimming activities.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	
			Wading pools are drained daily and are inaccessible to children when not in use.	
		t	Within 12 months of registration or renewal of registration, private sewer or waste water has been tested for efficient functioning and improper leakage.	Who must test this? What is test for this?
		u	The provider has written policies about caring for mildly ill children.	
		v	The provider has written policies about responding to health-related emergencies.	
		w	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are shared with parents and copies are in the child's file.	
		110.5(2)	A provider file is maintained and contains:	
		a	A physician's signed statement of health on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.	
		b	Certificates or training verification documentation for:	
			Within the first three months of registration:	
			Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter).	
			Certification in infant and child first-aid that includes mouth-to-mouth resuscitation.  If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	

			During the first year of registration – 12 hours of training. Two of the twelve hours must be health and safety training.	
			During the second year of registration and each succeeding year, twelve hours of training. If the provider has documentation of completing the ChildNet series, these hours may be used to fulfill two year's training requirements.	
		c	An individual file is maintained for each staff assistant and contains:	Some providers have had difficulty getting a completed copy of the record check from the DHS office
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 3 years.	
		d	An individual file is maintained for each substitute and contains:	
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 3 years.	
			Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
		110, 5(3)	Activity program.	
			Program promotes self-esteem and exploration.	
		a	Includes active play.	
		b	Includes quiet play.	

		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
			All activities are developmentally appropriate for the ages of the children present.	
			All equipment and materials are adequate for the number of children present.	
		110.5(4)	The certificate of registration is displayed in a conspicuous place.	
		110.5(5)	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		110.5(6)	Discipline.	
		a	Corporal punishment including spanking, shaking and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
			No punishment or threat of punishment is associated with food or rest.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
		110.5(7)	Meals: Regular meals, midmorning snacks and mid-afternoon snacks are well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
			Children may bring food to the child care home, but are not required to provide their own food.	



		110.5(8)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency treatment.	
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.	
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	There is some confusion about whether this must be on a certain form – Health Child Care Iowa Health Physical Forms?
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	
		g	A signed and dated immunization certificate provided by the state department of public health.	
		h	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	

		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	
		j	Injury report forms to document injuries requiring first aid or medical care.	
		110.5(9)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	How is “careful supervision” measured? Constant visual contact at all times? How is “consistent, dependable care” measured by inspector?
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		110.5(10)	Substitutes	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	

## SECTION 2.

		110.8(1)	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"</b>	
		a	Not more than six preschool children present at any one time including infants.	
			Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
			Not more than two additional school-age children for less than two hours at any one time.	
			Not more than eight children present when the emergency school closing exception is in effect.	
		110.8(2)	Provider is at least 18 years old.	These are requirements to become registered initially. The letters of reference would have been turned into DHS during application. Seems unnecessary here.
			Has three written references which attest to character and ability to provide child care.	

## SECTION 3.

		110.9(1)	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"</b>	
		a	Not more than six preschool children present at any one time including infants.	
		b	Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
		c	Not more than four additional school-age children.	
		d	Not more than two children who are receiving care on a part-time basis at any one time.	
		e	Not more than 12 children present when the emergency school closing exception is in effect.	

		f	When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.	
		110.9(2)	Provider qualifications:	
		a	The provider is at least 20 years old.	This information would have already been turned in to DHS during initial application for registration. Repetitive, and could probably be removed.
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			a – Has two years of experience working directly with children in child care.	
			c – Has a child development associates credential or any two-or four-year degree in a child related field and one year of experience working directly with children in child care.	
		110.9(3)	Facility requirements	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	If the second story or basement are used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside. All exits terminate at grade level with permanent steps.	Many providers have an outdoor window-well ladder, in addition to their inside stairs. Creating permanent stairs may not be possible in some homes. Variance possible?
			If a basement window is used as an exit, the window is operable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

		110.10(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"	
		a	Not more than 12 preschool children present at any one time, including infants.	
		b	Of these 12 children, not more than four children under the age of 24 months are present at any one time.	
		c	Not more than two additional school-age children present for less than two hours at any one time.	
		d	Not more than two additional children who are receiving care on a part-time basis.	
		e	Not more than sixteen children present when the emergency school closing exception is in effect.	
			If more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	
		f	Both providers are present whenever 4 children under the age of 18 months are in care, and whenever more than 8 children are present.	
		110.10(2)	Both providers must meet the following requirements:	This information would have already been turned in to DHS during initial application for registration. Repetitive, and could probably be removed.
		a	At least 21 years old.	
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			Has five years of experience working directly with children in child care.	
			Has a child development associate degree or any two- or four-year degree in a child related field and four years of experience working directly with children in child care.	
		110.10(3)	Facility requirements:	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	

		b	There is a separate quiet area for sick children.	Is that practical, while maintaining “proper supervision”?
		c	Has a minimum of two direct exits to the outside from the main floor.	
			If the second story or basement are used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside. All exits terminate at grade level with permanent steps.	
			If a basement window is used as an exit, the window is openable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

  

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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